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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/252,111 11/20/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/07/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	MA	6	17	2

## ADDRESS

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## TITLE

System and method for processing patient medical information

FILING FEE  RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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